

# Self Audit Checklist

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## **Local Education Agency (LEA) ADHOC Workgroup Self Audit Check List**

This document was developed by members of the LEA ADHOC Workgroup as a tool to assist LEAs participating in the LEA Medi-Cal Billing Option Program to ensure all billing requirements are in place prior to submitting claims for reimbursement.

The LEA ADHOC Workgroup is aware that many LEAs have contracted with vendors to process their claims for Medi-Cal reimbursement; however, the LEA is fully responsible for the billing requirements to be in compliance with the program.

The documentation for the check list was summarized from the LEA Medi-Cal Billing Option Manual and is not intended to replace it. For complete program details please refer to the manual which can be found at:

<http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx>.

This document has not been endorsed or sanctioned by the Department of Health Care Services (DHCS), and should only be used as a guide.

Note: the context of your documentation is still subject to Audits and Investigations documentation guidelines.

Margie Bobe, LAUSD  
Cathy Bennett, SCUSD

# LEA Medi-Cal Billing Option

General Information	
<input type="checkbox"/>	<p>Record retention:</p> <ul style="list-style-type: none"> <li>Necessary service records are kept for a minimum of <u>three years</u> from the billing submission date or</li> <li>Longer, if under audit</li> </ul>
<input type="checkbox"/>	<p>LEA's must keep records of:</p> <ul style="list-style-type: none"> <li>Current credentials and licenses for all employed or contracted practitioners</li> <li>Required licenses must be California state licenses</li> </ul>
<input type="checkbox"/>	<p>Billable LEA services must be provided in the state of California</p>
<input type="checkbox"/>	<p>LEA's are legally obligated to provide and pay for State Mandated Screenings. These screenings are not billable under the LEA Medi-Cal program.</p>
<input type="checkbox"/>	<p>IEP/IFSP assessments are performed to determine a student's eligibility for services under the Individuals with Disabilities Education Act (IDEA) or to obtain information about the student to identify and modify the health-related services in the IEP/IFSP. The following activities are required in an initial/triennial IEP/IFSP assessment:</p> <ul style="list-style-type: none"> <li>Review student records, such as cumulative files, health history, and /or medical records</li> <li>Interview the student and/or parent/guardian</li> <li>Observe the student in the classroom and other appropriate settings</li> <li>Schedule and administer psychosocial tests, developmental tests, and /or physical health assessments. Score and interpret test results, as applicable</li> <li>Write a report to summarize assessment results and recommendations for additional LEA services</li> </ul> <p>Activities performed for an annual or amended IEP/IFSP assessment include all of the activities in an initial/triennial assessment, except for scheduling and administering psychosocial tests and the other tests noted in the 4<sup>th</sup> bullet. Additional testing may or may not be conducted in a student's annual or amended IEP/IFSP</p>
<input type="checkbox"/>	<p>Progress notes should be documented for each treatment service provided Note: for audit purposes, student attendance records could be requested</p>

# LEA Medi-Cal Billing Self Audit Checklist

	Free Care Requirements
Description	Medi-Cal will not reimburse LEA providers for services provided to Medi-Cal recipients if the same services are offered for free to non-Medi-Cal recipients.

Requirements	
<input type="checkbox"/>	<p>For LEA services provided to Medi-Cal eligible students to be reimbursed, the LEA must:</p> <ul style="list-style-type: none"> <li>• Establish a fee for each service provided, and</li> <li>• Collect Other Health Coverage information on <u>100%</u> of all students (Medi-Cal and non-Medi-Cal) served, and</li> <li>• Bill other responsible third party insurers</li> </ul> <p>Note: If any parent refuses to allow the OHC to be billed, and the LEA service is still provided, it is considered Free Care and precludes the LEA from billing Medi-Cal for that type of service to any student.</p>
<input type="checkbox"/>	<p>For Medi-Cal eligible students with IEP/IFSP services, if the student has:</p> <ul style="list-style-type: none"> <li>• Medi-Cal only - LEA can bill Medi-Cal</li> <li>• Medi-Cal and OHC - LEA must bill OHC, then Medi-Cal</li> </ul>
<input type="checkbox"/>	<p>For non-Medi-Cal students with IEP/IFSP services, if the student has:</p> <ul style="list-style-type: none"> <li>• No Medi-Cal, but has OHC - LEA does not have to bill OHC</li> <li>• No Medi-Cal, and no OHC - LEA does not bill anyone</li> </ul>

# LEA Medi-Cal Billing Self Audit Checklist

Service Type	Hearing
<b>Description</b>	Audiology is the application of principles, methods and procedures of measurement, testing, appraisal, prediction, consultation, counseling, instruction related to auditory, vestibular and related function and the modification of communicative disorders involving speech, language, auditory behavior or other aberrant behavior resulting from auditory dysfunction.

<b>Service Provider</b> <small>Refer to the practitioner performed services chart in local bil section of your manual</small>	
<b>Licensed Audiologist</b>	
<input type="checkbox"/>	Licensed to practice by the California Speech-Language Pathology and Audiology Board; and <ul style="list-style-type: none"> <li>A valid clinical or rehabilitative services credential with an authorization in Audiology; or</li> <li>A valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990</li> </ul>
<b>Audiologist</b>	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Valid clinical or rehabilitative services credential with an authorization in Audiology; or</li> <li>A valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990</li> </ul>
<input type="checkbox"/>	Documented supervision by licensed Audiologist <ul style="list-style-type: none"> <li>Including, but not limited to periodical observation of assessments, evaluation and therapy, preparation and planning activities, reviewing student's records and monitoring and evaluating assessment and treatment decisions</li> <li>Supervising licensed Audiologist must see each student at least once, have some input into the type of care and review the student after treatment has begun</li> <li>Supervising licensed Audiologist must be available by telephone to consult with as needed</li> </ul>

Licensed Speech Language Pathologist	
<input type="checkbox"/>	Valid California license on file, issued by the CA Speech-Language Pathology and Audiology Board.
Speech Language Pathologist	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• A valid clinical or rehabilitative services credential with an authorization in language, speech and hearing; or</li> <li>• A valid credential issued prior to the operative date of Section 25 of Chapter 557 of the statutes of 1990</li> </ul>
<input type="checkbox"/>	<p>Documented supervision by licensed Speech-Language Pathologist</p> <ul style="list-style-type: none"> <li>• Including, but not limited to periodical observation of assessments, evaluation and therapy, preparation and planning activities, reviewing student's records and monitoring and evaluating assessment and treatment decisions.</li> <li>• Supervising licensed SLP must see each student at least once, have some input into the type of care and review the student after treatment has begun.</li> <li>• Supervising licensed SLP must be available by telephone to consult with as needed.</li> </ul>
Registered School Audiometrist	
<input type="checkbox"/>	School audiometrists must have a valid certificate of registration issued by the California Department of Health Care Services

Services	
IEP/IFSP Assessments	
<input type="checkbox"/>	<p>Audiological Assessment performed by:</p> <ul style="list-style-type: none"> <li>• Licensed Audiologist; or</li> <li>• Supervised Audiologist</li> </ul>
<input type="checkbox"/>  OR <input type="checkbox"/>	<p><b>Referral:</b> Audiological assessments require a written referral by a physician or dentist, within the practitioner's scope of practice (<i>California Code of Regulations</i> [CCR], Title 22, Section 51309[a]).</p> <ul style="list-style-type: none"> <li>• The written referral must be maintained in the student's files.</li> <li>• In substitution of a written referral, a registered credentialed school nurse, teacher or parent may refer the student for an assessment.</li> </ul>

<input type="checkbox"/>	Reason for assessment documented in referral.
<input type="checkbox"/>	Written report maintained in students file- <ul style="list-style-type: none"> <li>• Report should summarize assessment results and recommendations</li> <li>• Signed and dated by practitioner</li> </ul>
<input type="checkbox"/>	Related case notes available- <ul style="list-style-type: none"> <li>• Signed and dated by practitioner</li> </ul>
<b>Non-IEP/IFSP Assessments</b>	
<input type="checkbox"/>	Meet free care requirements
<input type="checkbox"/>	Hearing Assessment (screenings) performed by: <ul style="list-style-type: none"> <li>• Licensed Audiologist; or</li> <li>• Supervised Audiologist; or</li> <li>• Licensed Physicians/Psychiatrist; or</li> <li>• Licensed Speech-Language Pathologist; or</li> <li>• Supervised Speech Language Pathologist; or</li> <li>• Registered School Audiometrist</li> </ul>

<input type="checkbox"/>	<b>Referral:</b> Hearing assessments require a written referral by a physician or dentist, within the practitioner's scope of practice ( <i>California Code of Regulations</i> [CCR], Title 22, Section 51309[a]).
OR	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• The written referral must be maintained in the student's files.</li> <li>• In substitution of a written referral, a registered credentialed school nurse, teacher or parent may refer the student for an assessment.</li> </ul>
<input type="checkbox"/>	Reason for assessment documented in referral.
<input type="checkbox"/>	Hearing assessment documentation maintained in student's file <ul style="list-style-type: none"> <li>• Scored results of screening test, and or, pure tone, pure tone audiometry, threshold, air only</li> <li>• Signed and dated by practitioner</li> </ul>
<b>IEP/IFSP Treatment</b>	
<input type="checkbox"/>	<b>Referral:</b> Audiology treatment services require a written referral by a physician or dentist, within the practitioner's scope of practice ( <i>California Code of Regulations</i> [CCR], Title 22, Section 51309[a]). <ul style="list-style-type: none"> <li>• The written referral must be maintained in the student's files.</li> <li>• For students covered by an IEP/IFSP, the physician or dentist referral may be established and documented in the student's IEP or IFSP.</li> </ul>



OR	<ul style="list-style-type: none"> <li>Written referral by a licensed Audiologist utilizing the LEA established and implemented Physician Based Standards</li> </ul>
<input type="checkbox"/>	<p>Physician Based Standards:</p> <ul style="list-style-type: none"> <li>Must establish minimum standards of medical need for referrals to Audiology treatment services</li> <li>Standards must be reviewed and approved by a Physician once every two years</li> </ul> <p>LEA File Documentation:</p> <ul style="list-style-type: none"> <li>Copy of Physician Based Standards/Protocol</li> <li>Contact information for individuals responsible for developing the protocol standards</li> <li>Contact information of the practitioners who reviewed and rely on the protocol standards to document medical necessity</li> </ul> <p>Student File Documentation:</p> <ul style="list-style-type: none"> <li>Copy of Physician Based Standards/Protocol cover letter signed by physician, dated and with contact info</li> <li>Proof that the services rendered are consistent with the protocol standards</li> </ul>
<input type="checkbox"/>	<p>IEP documentation in students file authorizing billed treatment services</p> <ul style="list-style-type: none"> <li>Including service type</li> <li>Goals</li> <li>Number and frequency of service, and length of treatments as applicable</li> </ul>
<input type="checkbox"/>	<p>Supporting documentation describing the nature and extent of services in Student file, i.e. progress notes for each service billed</p> <ul style="list-style-type: none"> <li>Notes should include date and initial's</li> <li>Provider signature should be at the bottom of document</li> </ul>

# LEA Medi-Cal Billing Self Audit Checklist

Service Type	Nursing
<b>Description</b>	<p>Nursing services include functions such as basic health care associated with actual or potential health or illness problems or the treatment thereof. Nursing services include all of the following:</p> <ul style="list-style-type: none"> <li>• Direct and indirect patient care services that ensure the safety and protection of patients; and the performance of disease prevention and restorative measures</li> <li>• The administration of medications and therapeutic agents necessary to implement a treatment, disease prevention or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist as defined by Section 1316.5 of the Health and Safety Code</li> <li>• The performance of skin test, immunization techniques and the withdrawal of human blood from veins and arteries</li> <li>• Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition that may result in the determination of abnormal characteristics, and implementation of appropriate reporting, referral, standardized procedures, or changes in treatment regimen in accordance with standardized procedures</li> </ul>

<b>Service Provider</b> <small>Refer to the practitioner performed services chart in loc ed bil section of your manual</small>	
<b>Registered Credentialed School Nurse</b>	
<input type="checkbox"/>	Licensed to practice by the California Board of Registered Nursing; and <ul style="list-style-type: none"> <li>• A valid school nurse services credential; or</li> <li>• A valid credential issued prior to the operative date of Section 25 Chapter 557 of the Statues of 1990; and</li> <li>• Effective 1/1/1981, show proof they have child abuse and neglect detection training</li> </ul>
<b>Licensed Registered Nurse</b>	
<input type="checkbox"/>	Licensed to practice by the California Board of Registered Nursing
<input type="checkbox"/>	Documented supervision by Registered Credentialed School Nurse
<b>Certified Public Health Nurse</b>	
<input type="checkbox"/>	Licensed and certified as a Public Health Nurse by the California Board of Registered Nursing

<input type="checkbox"/>	Documented supervision by Registered Credentialed School Nurse
<b>Certified Nurse Practitioner</b>	
<input type="checkbox"/>	Licensed and certified to practice as a Nurse Practitioner, whose practices are predominantly that of primary care, by the California Board of Registered Nursing
<input type="checkbox"/>	Documented supervision by Registered Credentialed School Nurse
<b>Licensed Vocational Nurse</b>	
<input type="checkbox"/>	Licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians
<input type="checkbox"/>	Documented supervision by a Licensed Physician or Surgeon, Registered Credentialed School Nurse or Public Health Nurse
<b>Trained Health Care Aide</b>	
<input type="checkbox"/>	Trained in the administration of specialized physical health care
<input type="checkbox"/>	Documented supervision by a Licensed Physician or Surgeon, Registered Credentialed School Nurse or Public Health Nurse

<b>Services</b>	
<b>IEP/IFSP Assessments</b>	
<input type="checkbox"/>	Health Assessment performed by: <ul style="list-style-type: none"> <li>Registered Credentialed School Nurse</li> </ul>
<input type="checkbox"/>	Documentation for health assessment <ul style="list-style-type: none"> <li>Recommendation by a Physician or Registered Credentialed School Nurse in the students file</li> </ul>
Or	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Referral by Teacher or Parent in the students file</li> </ul>
<input type="checkbox"/>	Written report maintained in students file- <ul style="list-style-type: none"> <li>Report should summarize assessment results and recommendations</li> <li>Signed and dated by practitioner</li> </ul>
<input type="checkbox"/>	Any related case notes, if available- <ul style="list-style-type: none"> <li>Signed and dated by practitioner</li> </ul>

<b>Non-IEP/IFSP Assessments</b>	
<input type="checkbox"/>	Meet free care requirements
<input type="checkbox"/>	Health/Nutrition Assessment performed by: <ul style="list-style-type: none"> <li>• Registered Credentialed School Nurse or</li> <li>• Licensed Physicians/Psychiatrists</li> </ul>
<input type="checkbox"/>	Health Education/Anticipatory Guidance Assessment performed by: <ul style="list-style-type: none"> <li>• Registered Credentialed School Nurse or</li> <li>• Licensed Physicians/Psychiatrists</li> </ul>
<input type="checkbox"/>	Vision Assessment performed by: <ul style="list-style-type: none"> <li>• Registered Credentialed School Nurse or</li> <li>• Licensed Physicians/Psychiatrists or</li> <li>• Licensed Optometrist</li> </ul>
<input type="checkbox"/>	Hearing Assessment performed by: <ul style="list-style-type: none"> <li>• Registered Credentialed School Nurse with a valid Registered School Audiometrist certificate</li> </ul>
<input type="checkbox"/>	Assessment documentation maintained in student's file <ul style="list-style-type: none"> <li>• Report should summarize assessment results and recommendations</li> <li>• Scored results of screening test, and or, pure tone, pure tone audiometry, threshold, air only</li> <li>• Signed and dated by practitioner</li> </ul>
<b>IEP/IFSP Treatment</b>	
<input type="checkbox"/>	Nursing and School Health Aide Treatment Services must be authorized in student's IEP/IFSP <ul style="list-style-type: none"> <li>• Including service type</li> <li>• Goals</li> <li>• Number and frequency of service, and length of treatments if applicable</li> </ul>

<input type="checkbox"/>	<p>Nursing Services performed by:</p> <ul style="list-style-type: none"> <li>• Registered Credentialed School Nurse</li> <li>• Certified Public Health Nurse</li> <li>• Licensed RN</li> <li>• Certified Nurse Practitioner</li> <li>• Licensed Vocational Nurse</li> </ul>
<input type="checkbox"/>	<p>School Health Aide Services performed by:</p> <ul style="list-style-type: none"> <li>• Trained Health Care Aide</li> </ul>
<input type="checkbox"/>	<p>Documentation of supervision by a Registered Credentialed School Nurse needed for:</p> <ul style="list-style-type: none"> <li>• Certified Public Health Nurse</li> <li>• Licensed RN</li> <li>• Certified Nurse Practitioner</li> <li>• Licensed Vocational Nurse</li> <li>• Trained Health Care Aide</li> </ul>
<input type="checkbox"/>	<p>Supporting documentation describing the nature and extent of services in Student file, i.e. progress notes, Specialized Health Care Procedures Logs, Medication Logs</p> <ul style="list-style-type: none"> <li>• Notes should include date and initial's</li> <li>• Signature should be at the bottom of document</li> </ul>

# LEA Medi-Cal Billing Self Audit Checklist

Service Type	Occupational Therapy
Description	Occupational therapy is the therapeutic use of goal-directed activities (occupations) that maximize independence, prevent or minimize disability and maintain health. Occupational therapy services include occupational therapy assessment, treatment, education and consultative services. Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving or restoring functional daily living skills, compensating for and preventing dysfunction or minimizing disability.

Service Provider	
Refer to the practitioner performed services chart in loc ed bil section of your manual	
Registered Occupational Therapists	
<input type="checkbox"/>	Licensed to practice by the California Board of Occupational Therapy. Occupational therapists must be graduates of an educational program for occupational therapists that is accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE).

Services	
IEP/IFSP Assessments	
<input type="checkbox"/>	<b>Prescriptions:</b> Occupational therapy assessments require a written prescription by a physician or podiatrist, within the practitioner's scope of practice ( <i>California Code of Regulations</i> [CCR], Title 22, Section 51309[a]). <ul style="list-style-type: none"> <li>The written prescription must be maintained in the student's files.</li> </ul>
OR	
<input type="checkbox"/>	
	<b>Referral:</b> In substitution of a written prescription, a registered credentialed school nurse, teacher or parent may refer the student for an assessment. <ul style="list-style-type: none"> <li>The registered credentialed school nurse, teacher or parent referral must be documented in the student's files.</li> </ul>

<input type="checkbox"/>	Reason for assessment documented in prescription or referral.
<input type="checkbox"/>	Written report maintained in students file- <ul style="list-style-type: none"> <li>• Report should summarize assessment results and recommendations</li> <li>• Signed and dated by practitioner.</li> </ul>
<input type="checkbox"/>	Related case notes available- <ul style="list-style-type: none"> <li>• Signed and dated by practitioner</li> </ul>
<b>Non-IEP/IFSP Assessments</b>	
<input type="checkbox"/>	Meet free care requirements
<input type="checkbox"/>  OR  <input type="checkbox"/>	<p><b>Prescriptions:</b> Developmental assessments require a written prescription by a physician or podiatrist, within the practitioner's scope of practice (<i>California Code of Regulations</i> [CCR], Title 22, Section 51309[a]).</p> <ul style="list-style-type: none"> <li>• The written prescription must be maintained in the student's files.</li> </ul> <p><b>Referral:</b> In substitution of a written prescription, a registered credentialed school nurse, teacher or parent may refer the student for an assessment.</p> <ul style="list-style-type: none"> <li>• The registered credentialed school nurse, teacher or parent referral must be documented in the student's files.</li> </ul>
<input type="checkbox"/>	Reason for assessment documented in prescription or referral.
<input type="checkbox"/>	Developmental assessment documentation maintained in student's file- <ul style="list-style-type: none"> <li>• Assessment results and supporting notes</li> <li>• Signed and dated by practitioner</li> </ul>
<b>IEP/IFSP Treatment</b>	
<input type="checkbox"/>	<p><b>Prescription:</b> Occupational therapy treatment services require a written prescription by a physician or podiatrist, within the practitioner's scope of practice (CCR, Title 22, Section 51309[a]).</p> <ul style="list-style-type: none"> <li>• The written prescription must be maintained in the student's files.</li> <li>• For students covered by an IEP or IFSP, the physician or podiatrist prescription may be established and documented in the student's IEP or IFSP.</li> </ul>
<input type="checkbox"/>	IEP/IFSP documentation in students file authorizing billed treatment services <ul style="list-style-type: none"> <li>• Including service type</li> <li>• Goals</li> <li>• Number and frequency of service, and length of treatments as applicable</li> </ul>

<input data-bbox="245 174 280 210" type="checkbox"/>	<p>Supporting documentation describing the nature and extent of services in Student file-, i.e. progress notes for each service billed</p> <ul style="list-style-type: none"> <li>• Notes should include date and initial's</li> <li>• Provider signature should be at the bottom of document</li> </ul>
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# LEA Medi-Cal Billing Self Audit Checklist

Service Type	Physical Therapy
Description	Physical therapy is the physical or corrective rehabilitation or physical or corrective treatment of any bodily or mental condition of a person by the use of physical, chemical and other properties of heat, light, water, electricity or sound and by massage and active, resistive or passive exercise. Physical therapy includes evaluation, treatment planning, instruction and consultative services.

Service Provider	
Refer to the practitioner performed services chart in local section of your manual	
Licensed Physical Therapists	
<input type="checkbox"/>	Licensed to practice by the California Physical Therapy Board. Physical therapists must be graduates of a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

Services	
IEP/IFSP Assessments	
<input type="checkbox"/>  OR  <input type="checkbox"/>	<p><b>Prescription:</b> Physical therapy assessments require a written prescription by a physician or podiatrist, within the practitioner's scope of practice (<i>California Code of Regulations</i> [CCR], Title 22, Section 51309[a]).</p> <ul style="list-style-type: none"> <li>The written prescription must be maintained in the student's files.</li> </ul> <p><b>Referral:</b> In substitution of a written prescription, a registered credentialed school nurse, teacher or parent may refer the student for an assessment.</p> <ul style="list-style-type: none"> <li>The registered credentialed school nurse, teacher or parent referral must be documented in the student's files.</li> </ul>
<input type="checkbox"/>	Reason for assessment documented in prescription or referral.
<input type="checkbox"/>	<p>Written report maintained in students file-</p> <ul style="list-style-type: none"> <li>Report should summarize assessment results and recommendations</li> <li>Signed and dated by practitioner.</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Related case notes available- signed and dated by practitioner</li> </ul>

### Non-IEP/IFSP Assessments

<input type="checkbox"/>	Meet free care requirements
<input type="checkbox"/>  OR  <input type="checkbox"/>	<p><b>Prescription:</b> Developmental assessments require a written prescription by a physician or podiatrist, within the practitioner's scope of practice (<i>California Code of Regulations</i> [CCR], Title 22, Section 51309[a]).</p> <ul style="list-style-type: none"> <li>The written prescription must be maintained in the student's files.</li> </ul> <p><b>Referral:</b> In substitution of a written prescription, a registered credentialed school nurse, teacher or parent may refer the student for an assessment.</p> <ul style="list-style-type: none"> <li>The registered credentialed school nurse, teacher or parent referral must be documented in the student's files.</li> </ul>
<input type="checkbox"/>	Reason for assessment documented in prescription or referral.
<input type="checkbox"/>	<p>Developmental assessment documentation maintained in student's file-</p> <ul style="list-style-type: none"> <li>Assessment results and supporting notes</li> <li>Signed and dated by practitioner</li> </ul>

### IEP/ IFSP Treatment

<input type="checkbox"/>	<p><b>Prescription:</b> Physical therapy treatment services require a written prescription by a physician or podiatrist, within the practitioner's scope of practice (CCR, Title 22, Section 51309[a]).</p> <ul style="list-style-type: none"> <li>The written prescription must be maintained in the student's files.</li> <li>For students covered by an IEP or IFSP, the physician or podiatrist prescription may be established and documented in the student's IEP or IFSP.</li> </ul>
<input type="checkbox"/>	<p>IEP documentation in students file authorizing billed treatment services</p> <ul style="list-style-type: none"> <li>Including service type</li> <li>Goals</li> <li>Number and frequency of service, and length of treatments as applicable</li> </ul>
<input type="checkbox"/>	<p>Supporting documentation describing the nature and extent of services in Student file-, i.e. progress notes for each service billed</p> <ul style="list-style-type: none"> <li>Notes should include date and initial's</li> <li>Provider signature should be at the bottom of document</li> </ul>

# LEA Medi-Cal Billing Self Audit Checklist

Service Type	Physician Services
<b>Description</b>	Physician/Psychiatrist services are limited to IEP/ISFP Health assessment and Psychology and counseling. Non-IEP/ISFP assessments include Health/Nutrition, Health Education/Anticipatory Guidance, Hearing and Vision.

<b>Service Provider</b> Refer to the practitioner performed services chart in local billing section of your manual	
<b>Licensed Physicians and Psychiatrists</b>	
<input type="checkbox"/>	Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California. Physicians employed on a half-time or greater than half-time basis must have a: <ul style="list-style-type: none"> <li>• Health Services credential or</li> <li>• Valid credential issued prior to November 23, 1970</li> </ul>

<b>Services</b>	
<b>Licensed Physician/Psychiatrist</b>	
<input type="checkbox"/>	IEP/IFSP Health/Nutrition assessment should include: <ul style="list-style-type: none"> <li>• Written report maintained in students file</li> <li>• Report should summarize assessment results and recommendations</li> <li>• Signed and dated by practitioner Licensed Physician/Psychiatrist</li> </ul>
<input type="checkbox"/>	IEP/IFSP Psychology and Counseling treatments should include: <ul style="list-style-type: none"> <li>• Service type (group or individual)</li> <li>• Number and frequency of service, and length of treatments as applicable</li> <li>• Supporting documentation describing the nature and extent of services in Student file-, i.e. progress notes</li> <li>• Notes should include date and initial's</li> <li>• Signature should be at the bottom of document</li> </ul>

<input type="checkbox"/>	<p>When Free Care Requirements are met the following Non-IEP/IFSP assessments can be provided:</p> <ul style="list-style-type: none"> <li>• Health/Nutrition</li> <li>• Health Education/Anticipatory Guidance</li> <li>• Hearing</li> <li>• Vision</li> </ul>
<input type="checkbox"/>	<p>Non IEP/IFSP Assessment documentation maintained in student's file:</p> <ul style="list-style-type: none"> <li>• Report should summarize assessment results and recommendations</li> <li>• Scored results of screening test, and or, pure tone, pure tone audiometry, threshold, air only</li> <li>• Signed and dated by practitioner</li> <li>• Any related case notes, if available</li> <li>• Signed and dated by practitioner</li> </ul>

# LEA Medi-Cal Billing Self Audit Checklist

Service Type	Psychology and Counseling Services
Description	<p>Psychology and counseling involves the application of psychological principles, methods and procedures of understanding, predicting and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotion and interpersonal relationships. It includes diagnosis, prevention, treatment and amelioration of psychological problems and emotional and mental disorders.</p>

## Service Provider

Refer to the practitioner performed services chart in loc ed bil section of your manual

## Licensed Clinical Social Workers

<input type="checkbox"/>	<p><b>District and/or LEA Employees:</b> Licensed Clinical Social Workers must be licensed to practice by the California Board of Behavioral Sciences.</p> <p><b>In addition,</b> Clinical Social Workers must have:</p> <ul style="list-style-type: none"> <li>• a pupil personnel services credential with a specialization in school social work , a health services credential, or</li> <li>• a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990</li> </ul>
<p>OR</p>	
<input type="checkbox"/>	<p><b>Contracted Provider:</b> Contracted licensed clinical social workers employed by non-public schools and agencies must be licensed to practice by the California Board of Behavioral Sciences</p>
	<p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• A pupil personnel services credential with a specialization in school social work.</li> </ul>

## Credentialed School Social Workers

<input type="checkbox"/>	<p>Credentialed school social workers must have:</p> <ul style="list-style-type: none"> <li>• a pupil personnel services credential with a specialization in school social work or</li> <li>• a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.</li> </ul>
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Licensed Psychologists	
<input type="checkbox"/>   OR   <input type="checkbox"/>	<p><b>District and/or LEA Employees:</b> Licensed Psychologist must be licensed to practice by the California Board of Psychology.</p> <p><b>In addition,</b> Psychologists must have:</p> <ul style="list-style-type: none"> <li>• a pupil personnel services credential with a specialization in school psychology, a health services credential, or</li> <li>• a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990</li> </ul> <p><b>Contracted Provider:</b> Contracted licensed educational psychologists practice by the California Board of Behavioral Sciences</p> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• a pupil personnel services credential with a specialization in school psychology</li> </ul>
Licensed Educational Psychologists	
<input type="checkbox"/>   OR   <input type="checkbox"/>	<p><b>District and/or LEA Employees:</b> Licensed educational psychologists must be licensed to practice by the California Board of Behavioral Sciences.</p> <p><b>In addition,</b> these practitioners must have:</p> <ul style="list-style-type: none"> <li>• a pupil personnel services credential with a specialization in school psychology, or</li> <li>• a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.</li> </ul> <p><b>Contracted Provider:</b> Contracted licensed educational psychologists employed by non-public schools and agencies must be licensed to practice by the California Board of Behavioral Sciences</p> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• A pupil personnel services credential with a specialization in school psychology.</li> </ul>
Credentialed School Psychologists	
<input type="checkbox"/>	<p>Credentialed school psychologists must have:</p> <ul style="list-style-type: none"> <li>• a pupil personnel services credential with a specialization in school psychology, or</li> <li>• a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990</li> </ul>

**Licensed Marriage and Family Therapists**

<input type="checkbox"/>	<p><b>District and/or LEA Employees:</b> Licensed marriage and family therapists must be licensed to practice by the California Board of Behavioral Sciences.</p> <p><b>In addition,</b> these practitioners must have:</p> <ul style="list-style-type: none"> <li>• a pupil personnel services credential, or</li> <li>• a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.</li> </ul>
<p>OR</p>	
<input type="checkbox"/>	<p><b>Contracted Provider:</b> Contracted licensed marriage and family therapists employed by non-public schools and agencies must be licensed to practice by the California Board of Behavioral Sciences</p> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• a pupil personnel services credential.</li> </ul>

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<input type="checkbox"/>	<p>Credentialed school counselors must have:</p> <ul style="list-style-type: none"> <li>• a valid pupil personnel services credential with a specialization in school counseling, or</li> <li>• a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.</li> </ul>
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## Services

## IEP/IFSP Assessments

<input type="checkbox"/>	<p>Psychological Assessments performed by:</p> <ul style="list-style-type: none"> <li>• Licensed Psychologists</li> <li>• Licensed Educational Psychologists</li> <li>• Credentialed School Psychologists</li> </ul>
<input type="checkbox"/>	<p>Psychosocial Status Assessments performed by:</p> <ul style="list-style-type: none"> <li>• Licensed clinical social worker</li> <li>• Credentialed clinical social worker</li> <li>• Licensed marriage and family therapists</li> <li>• Credentialed school counselor</li> </ul>
<input type="checkbox"/>	<p><b>Recommendation:</b> Psychological and Psychosocial Status assessments require a recommendation by one of the following practitioners, within the practitioner's scope of practice (<i>Code of Federal Regulations</i>, Title 42, Section 440.130[d]). The recommendation must be maintained in the student's file.</p> <ul style="list-style-type: none"> <li>• Physician</li> <li>• Registered credentialed school nurse</li> </ul>

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Licensed clinical social worker</li> <li>• Licensed psychologist</li> <li>• Licensed educational psychologist</li> <li>• Licensed marriage and family therapist</li> </ul> <p>Or</p> <p><b>Referral:</b> a written referral by teacher or parent may refer the student for the assessment.</p> <ul style="list-style-type: none"> <li>• The recommendation or referral should document reason for assessment.</li> </ul>
<input type="checkbox"/>	<p>Written report maintained in students file-</p> <ul style="list-style-type: none"> <li>• Report should summarize assessment results and recommendations, signed and dated by practitioner</li> </ul>
<input type="checkbox"/>	<p>Related case notes available-</p> <ul style="list-style-type: none"> <li>• Signed and dated by practitioner</li> </ul>
<b>Non-IEP/IFSP Assessments</b>	
<input type="checkbox"/>	Meet free care requirements
<input type="checkbox"/>	<p>Psychosocial Status Assessments and Health Education/Anticipatory Guidance performed by:</p> <ul style="list-style-type: none"> <li>• Licensed psychologist</li> <li>• Licensed educational psychologist</li> <li>• Credentialed school psychologist</li> <li>• Licensed clinical social worker</li> <li>• Credentialed school social worker</li> <li>• Licensed marriage &amp; family therapist</li> <li>• Credentialed school counselor</li> </ul>
<input type="checkbox"/>	<p><b>Recommendation:</b> maintained in the students file by one of the following practitioners, within the practitioner's scope of practice:</p> <ul style="list-style-type: none"> <li>• Physician</li> <li>• Registered credentialed school nurse</li> <li>• Licensed clinical social worker</li> <li>• Licensed psychologist</li> <li>• Licensed educational psychologist</li> <li>• Licensed marriage and family therapist</li> </ul> <p>Or</p> <p><b>Referral:</b> a written referral by teacher or parent may refer the student for the assessment.</p> <ul style="list-style-type: none"> <li>• The recommendation or referral should document reason for assessment.</li> </ul>
<input type="checkbox"/>	<p>Written report maintained in students file-</p> <ul style="list-style-type: none"> <li>• Report should summarize assessment results and recommendations, signed and dated by practitioner</li> </ul>
	<ul style="list-style-type: none"> <li>• Related case notes available- Signed and dated by practitioner</li> </ul>



IEP/IFSP Treatment	
<input type="checkbox"/>	<p><b>Recommendation:</b> Psychology and counseling treatment require a recommendation by one of the following practitioners, within the practitioner's scope of practice (<i>Code of Federal Regulations</i>, Title 42, Section 440.130[d]). The recommendation must be maintained in the student's files.</p> <ul style="list-style-type: none"> <li>• Physician</li> <li>• Registered Credentialed School Nurse</li> <li>• Licensed Clinical Social Worker</li> <li>• Licensed Psychologist</li> <li>• Licensed Educational Psychologist</li> <li>• Licensed Marriage and Family Therapist</li> </ul>
<input type="checkbox"/>	<p>IEP documentation in students file authorizing billed treatment services</p> <ul style="list-style-type: none"> <li>• Including service type</li> <li>• Goals</li> <li>• Number and frequency of service, and length of treatments as applicable</li> </ul>
<input type="checkbox"/>	<p>Supporting documentation describing the nature and extent of services in Student file-, i.e. progress notes for each service billed</p> <ul style="list-style-type: none"> <li>• Notes should include date and initial's</li> <li>• Provider signature should be at the bottom of document</li> </ul>

# LEA Medi-Cal Billing Self Audit Checklist

Service Type	Speech
Description	Application of principles, methods and instrumental and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction and counseling related to the development and disorders of speech, voice, language or swallowing. Speech language services also include preventing, planning, directing, conducting and supervising programs for habilitating, rehabilitating, ameliorating, managing or modifying disorders of speech, voice, language or swallowing and conducting hearing screenings.

<b>Service Provider</b> <small>Refer to the practitioner performed services chart in local billing section of your manual</small>	
<b>Licensed Speech Language Pathologist</b>	
<input type="checkbox"/>	Valid California license on file, issued by the California Speech-Language Pathology and Audiology Board.
<b>Speech Language Pathologist</b>	
<input type="checkbox"/>	Valid clinical or rehabilitative services credential <ul style="list-style-type: none"> <li>With an authorization in language, speech and hearing; or</li> <li>A valid credential issued prior to the operative date of Section 25 of Chapter 557 of the statutes of 1990</li> </ul>
<input type="checkbox"/>	Documented supervision by licensed Speech-Language Pathologist <ul style="list-style-type: none"> <li>Including, but not limited to periodical observation of assessments, evaluation and therapy, preparation and planning activities, reviewing student's records and monitoring and evaluating assessment and treatment decisions</li> <li>Supervising licensed SLP must see each student at least once, have some input into the type of care and review the student after treatment has begun</li> <li>Supervising licensed SLP must be available by telephone to consult with as needed</li> </ul>

## Services

### IEP/IFSP Assessments

<input type="checkbox"/>   OR   <input type="checkbox"/>	<p><b>Referral:</b> Speech-language assessments require a written referral by a physician or dentist, within the practitioner's scope of practice (<i>California Code of Regulations</i> [CCR], Title 22, Section 51309[a]).</p> <ul style="list-style-type: none"> <li>The written referral must be maintained in the student's files.</li> </ul> <p>In substitution of a written referral, a registered credentialed school nurse, teacher or parent may refer the student for an assessment.</p> <ul style="list-style-type: none"> <li>The registered credentialed school nurse, teacher or parent referral must be documented in the student's files.</li> </ul>
<input type="checkbox"/>	Reason for assessment documented in referral.
<input type="checkbox"/>	<p>Written report maintained in students file-</p> <ul style="list-style-type: none"> <li>Report should summarize assessment results and recommendations</li> <li>Signed and dated by practitioner</li> </ul>
<input type="checkbox"/>	<p>Related case notes available-</p> <ul style="list-style-type: none"> <li>Signed and dated by practitioner</li> </ul>

### Non-IEP/IFSP Assessments

<input type="checkbox"/>	Meet free care requirements
<input type="checkbox"/>   OR   <input type="checkbox"/>	<p><b>Referral:</b> Developmental assessments require a written referral by a physician or dentist, within the practitioner's scope of practice (<i>California Code of Regulations</i> [CCR], Title 22, Section 51309[a]).</p> <ul style="list-style-type: none"> <li>The written referral must be maintained in the student's files.</li> </ul> <p>In substitution of a written referral, a registered credentialed school nurse, teacher or parent may refer the student for an assessment.</p> <ul style="list-style-type: none"> <li>The registered credentialed school nurse, teacher or parent referral must be documented in the student's files.</li> </ul>
<input type="checkbox"/>	Reason for assessment documented in referral.
<input type="checkbox"/>	<p>Developmental assessment documentation maintained in student's file</p> <ul style="list-style-type: none"> <li>Assessment results and supporting notes</li> <li>Signed and dated by practitioner</li> </ul>



# LEA Medi-Cal Billing Self Audit Checklist

Service Type	Targeted Case Management
<b>Description</b>	<p>Targeted Case Management services assist eligible children and eligible family members to access needed medical, social, educational and other services. Components of TCM include:</p> <ul style="list-style-type: none"> <li>• <u>Determining needs</u>: Evaluating health and mental health assessments and meeting with student and parent(s)/guardian(s) to establish the following needs: <ul style="list-style-type: none"> <li>○ Physical and mental health</li> <li>○ Physical necessities, such as food and clothing</li> <li>○ Social and emotional</li> <li>○ Housing and physical environment</li> <li>○ Family and social support</li> <li>○ Conservatorship</li> <li>○ Socialization and recreational</li> <li>○ Training for community living</li> <li>○ Educational and vocational</li> </ul> </li> <li>• <u>Developing plan</u>: Writing a comprehensive individualized service plan in consultation with the student and parent(s)/guardian(s) including: <ul style="list-style-type: none"> <li>○ Objectives</li> <li>○ Actions designed to meet students needs</li> <li>○ Referral list (programs, agencies, people)</li> <li>○ Details about the nature, frequency and duration of activities to achieve objectives</li> </ul> </li> <li>• <u>Linking and consulting coordination</u>: Coordinating services by: <ul style="list-style-type: none"> <li>○ Consulting with qualified service providers, including linkage and referral to appropriate services</li> <li>○ Following up to determine if the services were received and if the student's needs were met (at least 30 days after referral dates)</li> </ul> </li> <li>• <u>Accessing services outside of the school system</u>: Arranging, executing or obtaining: <ul style="list-style-type: none"> <li>○ Appointments and/or transportation for medical, social, education and other services</li> <li>○ Language translation services to facilitate communication</li> <li>○ Placement contracts</li> <li>○ Approval for medical treatment</li> </ul> </li> <li>• <u>Assisting with crises</u>: Intervening in circumstances by: <ul style="list-style-type: none"> <li>○ Accommodating unusual situations that require immediate attention to avoid, eliminate or reduce a crisis situation</li> <li>○ Arranging and coordination emergency services or treatments</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• <u>Reviewing progress:</u> Reviewing case management plan periodically to determine if the plan is to be continued, modified or discontinued. This review must: <ul style="list-style-type: none"> <li>○ Occur at least every six months</li> <li>○ Include consultation with the student and /or parent</li> <li>○ Have a written addendum when modified</li> </ul> </li> </ul> <p>TCM does not include diagnostic or treatment services, educational activities that may be reasonably expected in the school system, administrative activities or program activities that do not meet the definition of TCM.</p>
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<b>Service Provider</b> Refer to the practitioner performed services chart in loc ed bil section of your manual For contracted practitioners refer to loc ed rend, pages 5 & 6, of your manual	
<b>Registered Credentialed School Nurse</b>	
<input type="checkbox"/>	Licensed to practice by the California Board of Registered Nursing; and <ul style="list-style-type: none"> <li>• A valid school nurse services credential; or</li> <li>• A valid credential issued prior to the operative date of Section 25 Chapter 557 of the Statutes of 1990; and</li> <li>• Effective 1/1/1981, show proof they have child abuse and neglect detection training</li> </ul>
<b>Licensed Registered Nurse</b>	
<input type="checkbox"/>	Licensed to practice by the California Board of Registered Nursing
<b>Certified Public Health Nurse</b>	
<input type="checkbox"/>	Licensed and certified as a Public Health Nurse by the California Board of Registered Nursing
<b>Certified Nurse Practitioner</b>	
<input type="checkbox"/>	Licensed and certified to practice as a Nurse Practitioner, whose practices are predominantly that of primary care, by the California Board of Registered Nursing
<b>Licensed Vocational Nurse</b>	
<input type="checkbox"/>	Licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians

Licensed Clinical Social Worker	
<input type="checkbox"/>   OR   <input type="checkbox"/>	<p><b>District and/or LEA Employees:</b> Licensed Clinical Social Workers must be Licensed to practice by the California Board of Behavioral Sciences; and</p> <ul style="list-style-type: none"> <li>• A valid pupil personnel services credential with a specialization in school social work; or</li> <li>• A valid health services credential; or</li> <li>• A valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990</li> </ul> <p><b>Contracted Provider:</b> Contracted licensed clinical social workers employed by non-public schools and agencies must be licensed to practice by the California Board of Behavioral Sciences or possess a pupil personnel services credential with a specialization in school social work.</p>
Credentialed School Social Worker	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• A valid pupil personnel services credential with a specialization in school social work; or</li> <li>• A valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990</li> </ul>
Licensed Psychologist	
<input type="checkbox"/>   OR   <input type="checkbox"/>	<p><b>District and/or LEA Employees:</b> Licensed Psychologist must be licensed to practice by the California Board of Psychology; and</p> <ul style="list-style-type: none"> <li>• A valid pupil personnel services credential with a specialization in school psychology; or</li> <li>• A valid health services credential; or</li> <li>• A valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990</li> </ul> <p><b>Contracted Provider:</b> Contracted licensed educational psychologists practice by the California Board of Behavioral Sciences or possess a pupil personnel services credential with a specialization in school psychology.</p>
Licensed Educational Psychologist	
<input type="checkbox"/>   OR   <input type="checkbox"/>	<p><b>District and/or LEA Employees:</b> Licensed educational psychologists must be Licensed to practice by the California Board of Behavioral Sciences; and</p> <ul style="list-style-type: none"> <li>• A valid pupil personnel services credential with a specialization in school psychology; or</li> <li>• A valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990</li> </ul> <p><b>Contracted Provider:</b> Contracted licensed educational psychologists employed by non-public schools and agencies must be licensed to practice by the</p>

<input type="checkbox"/>	<p>California Board of Behavioral Sciences or possess a pupil personnel services credential with a specialization in school psychology.</p> <p style="text-align: center;"><b>OR</b></p> <p>A pupil personnel services credential with a specialization in school psychology.</p>
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### Credentialed School Psychologist

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• A valid pupil personnel services credential with a specialization in school psychology; or</li> <li>• A valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990</li> </ul>
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### Licensed Marriage and Family Therapist

<input type="checkbox"/>           <b>OR</b>            <input type="checkbox"/>	<p><b>District and/or LEA Employees:</b> Licensed marriage and family therapists must be Licensed to practice by the California Board of Behavioral Sciences; and</p> <ul style="list-style-type: none"> <li>• A valid pupil personnel services credential; or</li> <li>• A valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990</li> </ul> <p><b>Contracted Provider:</b> Contracted licensed marriage and family therapists employed by non-public schools and agencies must be licensed to practice by the California Board of Behavioral Sciences or possess a pupil personnel services credential.</p>
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### Credentialed School Counselor

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• A valid pupil personnel services credential with a specialization in school counseling; or</li> <li>• A valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990</li> </ul>
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### Program Specialist

<input type="checkbox"/>	<p>Program Specialists must have a baccalaureate or higher degree from an accredited institution of higher education. Program Specialists must also complete a post baccalaureate professional preparation program in accordance with requirements to qualify for:</p> <ul style="list-style-type: none"> <li>• A valid special education credential; or</li> <li>• A valid clinical or rehabilitative services credential; or</li> <li>• A valid health services credential; or</li> <li>• A valid school psychologist authorization</li> </ul>
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## Services

### TCM Services

<input type="checkbox"/>	TCM services are only covered in student's IEP/IFSP
<input type="checkbox"/>	<p>Does your TCM Practitioner also participate in the MAA program?          If so, coordinate your programs;</p> <ul style="list-style-type: none"> <li>• TCM Practitioners who also are MAA participants <u>can not</u> bill activity #8          (On-going referral, coordination and monitoring of Medi-Cal Services)</li> </ul>
<input type="checkbox"/>	<p>Documentation should include:</p> <ul style="list-style-type: none"> <li>• Established needs of the student and or family</li> <li>• Comprehensive plan, including objectives, actions, referrals, details of activities to achieve the objectives</li> <li>• Referral follow up determining if services are appropriate</li> <li>• On-going coordination of services</li> <li>• Meeting notes with student and/or parent</li> <li>• Signed and dated by Practitioner</li> </ul>

# LEA Medi-Cal Billing Self Audit Checklist

Service Type	Medical Transportation Services
Description	<p>LEA medical transportation must be provided in a litter van or wheelchair van for students with or without an IEP or IFSP. Services include:</p> <ul style="list-style-type: none"> <li>• Medical transportation (trip)</li> <li>• Mileage (must be in conjunction with trip)</li> </ul>

Services	
IEP/IFSP Transportation	
<input type="checkbox"/>	<p>Transportation between home and school and/or between the school and the location where health services are provided.</p> <ul style="list-style-type: none"> <li>• The student must receive a Medicaid-covered service (other than transportation) at the service site.</li> <li>• Both the covered service and the transportation must be authorized in the student's IEP/IFSP.</li> </ul>
<input type="checkbox"/>	<p>IEP documentation in students file authorizing billed services</p> <ul style="list-style-type: none"> <li>• Transportation and</li> <li>• The Medicaid health service provided which indicates the service type, and date range of service billed.</li> </ul>
<input type="checkbox"/>	<p>Supporting documentation of the health service provided on the day of transportation in Student file-, i.e. progress notes;</p> <ul style="list-style-type: none"> <li>• Notes should include date and initial's</li> <li>• Provider signature should be at the bottom of document</li> <li>• Documentation supporting trips and mileage, i.e. transportation log</li> </ul>
Non-IEP/IFSP Transportation	
<input type="checkbox"/>	<p>Meet free care requirements</p>

<input type="checkbox"/>	<p>LEA medical transportation and LEA mileage reimbursement are restricted to trips between the school and the location where health service is provided.</p> <p><b>Transportation between home and school is not covered.</b></p> <ul style="list-style-type: none"> <li>• The student must receive a Medicaid-covered service (other than transportation) at the service site.</li> </ul>
<input type="checkbox"/>	<p>Supporting documentation of the health service provided on the day of transportation in Student file-, i.e. progress notes;</p> <ul style="list-style-type: none"> <li>• Notes should include date and initial's</li> <li>• Provider signature should be at the bottom of document</li> <li>• Documentation supporting trips and mileage, i.e. transportation log</li> </ul>